



# Field Medical Readiness Badge (FMRB) Self-Nomination Form



## Officer Information

Last Name	First Name	PHS Serial Number
PHS Category	Primary Deployment Role	Roster

## Criteria

		Officer Initials	CCRF Use Only	
1	Current BLS Copy of BLS Card (Front and Back)			
2	Height/Weight Standards Form FMRB(a) verified and signed by Provider			
3	Professional Currency Form FMRB(b) completed and signed by supervisor of 112 hours			
4	Current Immunizations PHS-731 with provider signatures/stamps or official institution immunization record			
	Hep A #1			
	Hep A #2			
	Hep B #1			
	Hep B #2			
	Hep B #3			
	Hep B TITER			
	Influenza ('02-'03)			
	MMR #1			
	MMR #2			
	Polio Booster			
	TD ('93-'03)			
	Varicella			
	PPD ('02-'03)			
5	Current Annual Physical Fitness Test (APFT) Form FMRB(c) completed and signed by evaluator			
	Additional Items (verified by CCRF)			
6	Current Licensure			
7	Training Modules			
8	Physical Exam within 5 years			
9	Current Login/Update			

## CCRF Use Only

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